

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO. 10 / 597320	FILING DATE
	APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		✓			
2		✓		✓		
3		✓		✓		
4		✓		✓		
5		✓		✓		
6		✓		✓		
7		✓		✓		
8		✓		✓		
9		✓		✓		
10		✓		✓		
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12		✓		✓		
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15	✓		✓			
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	25	←	24	←		←
TOTAL CLAIMS	27		26			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						